

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034903

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 7

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOGAN (TWP) RFD.</b>		c. CITY OR TOWN <b>PATTERSON RFD.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NEAR PATTERSON, MO</b>		d. STREET ADDRESS (If outside, give location) <b>RFD.</b>	
3. NAME OF DECEASED (Type or print) <b>GEORGETTA MILLMAKER GOAD</b>		4. DATE OF DEATH Month <b>AUG</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-5-1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>ELLINGTON, MO.</b>
13a. FATHER'S NAME <b>SAMUEL FEARS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BRAWLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates) <b>NO</b>		16. SOCIAL SECURITY NO. <b>782-4</b>	
17. INFORMANT <b>SUSIE WILCOX</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES GOAD (Deceased)</b>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial heart failure</b> DUE TO (b) <b>with dapsy</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <b>for 3 years</b> to <b>8-29-63</b> and last saw her alive on <b>8-27-63</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. H. Hline MD</b> (Degree or title)	
22b. ADDRESS <b>Piedmont, MO</b>		22c. DATE SIGNED <b>8-31-63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Sept 3, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC REDMONT, MO</b>	23d. LOCATION (City, town, or county) <b>REDMONT, MO.</b>
24. FUNERAL DIRECTOR <b>GISH FUNERAL HOME</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 3, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Sheila Louder</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 1110

2 1110

3 1

4 1

5 2

6

7 0

8 0

9 782.4

10

11

12 90-0

13 1-0

SEP 11 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Norman W. Gish*

Licensed Embalmer No.

3387

P. O. Address

Quidmont MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.